

WYOMING OFFICE OF HOMELAND SECURITY

SHSP/EMPG Expense Claim Form

Jurisdiction:				Grant Award:			
Prepared by:				Project ID:			
Phone:				Award Period:			
Email:				Request Period: <i>(optional)</i>			

Payee (from invoice)	Description of Expense	State Initiative	Equipment* AEL Number (from RKB)	# of Items <small>(if equip)</small>	Solution** Area (POETE)	Date Purchased	TOTAL
TOTAL AMOUNTS EXPENDED							\$ -
FEDERAL SHARE (50%) - EMPG Only							

I hereby certify that all expenses claimed hereon have been paid in full and supporting documentation is attached.

Signature and Title of Official

Date

* This number can be found on the RKB Website at www.rkb.mipt.org. All equipment purchases must have the corresponding RKB AEL item number.
(If the purchase is not equipment, please put whether expense is related to planning, organization, training or exercise in the Solution Area field)

** POETE - Planning, Organization, Equipment, Training or Exercise.

*** Please identify, by number, what State Initiative this item should be applied to

SHSGP Expense Claim

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